Name: _____ Date: _____

ASTHMA

F A Y A F I D S R G N I K O M S W
E E B V M W T J L K R Z Q Y S L X
M X J M K V Y T Z D L V J P I I T
A K P U R I J U U Z B H K D L S C
C X R S L S S E N T H G I T E D C
Z W Q C E Z I S R E C X E H M B J
A H B L H A D R F A E R C G T F P
M E L E K K A P S Y M P T O N S R
H E U S R E H T A E W G U K J P E
T Z N B V C I N H A L E R K S V V
S I G W X P O L L U T I O N R U E
A N S Y P G L U B X T O G N E G N
M G R O R H Q X G A C K W U G M T
N G D N L D Q T D H R R X O G N E
R V L Z A T Z A T O I H B S I Z R
U X G W U Y G B D J V N M H R P G
M R T L M N O D V V Y H G S T W K

EXCERSIZE POLLUTION TIGHTNESS PREVENTER
SYMPTONS COUGHING TRIGGERS WHEEZING
WEATHER SMOKING MUSCLES INHALER
ASTHMA LUNGS CHEST